

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-027028

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

373

Primary Registration District No.

4545

Registrar's No.

36

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

1 1120

2 1120

3

4 1

5 2

6

7 0

8 2

94201

10

11

12 90-2

13 30

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF MEDICAL CERTIFICATION

Registration District No.

373

Primary Registration District No.

4545

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36

STATE FILE NUMBER

FILED JUL 1 1963

1. PLACE OF DEATH

a. COUNTY

WEBSTER

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN

MARSHFIELD

Length of stay in 1b

10 YRS

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION

S. BUFFALO

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MO

b. COUNTY

WEBSTER

c. CITY

OR

TOWN

MARSHFIELD

Inside Limits

Yes ☒ No ☐

d. STREET

ADDRESS

S. BUFFALO

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

HENERIETTA

PETRITZER

4. DATE

Month

Day

Year

DEATH

JUNE 18

1963

5. SEX

FEMALE

6. COLOR OR RACE

WHITE

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

3-11-1888

9. AGE (last birthday)

75

IF UNDER 1 YEAR

Months

IF UNDER 24 HR

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Missouri

12. CITIZEN OF WHAT COUNTRY

USA

13. FATHER'S NAME

JOHN D. BUCHNOLZ

13b. MOTHER'S MAIDEN NAME

ANGUSTA SCHMIECHT

14. NAME OF HUSBAND OR WIFE

MRS CECIL DAVIS MARSHFIELD

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown)

No

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

MRS CECIL DAVIS MARSHFIELD

Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

ACUTE CIRCULATORY FAILURE

INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

CORONARY THROMBOSIS

DUE TO (c)

ARTERIO SCLEROSIS

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

4/24/63

to 6/18/63

and last saw her alive on 6/18/63

Death occurred at

745

A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

C. E. Blum

22b. ADDRESS

Marshfield, Mo.

22c. DATE SIGNED

6/20/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

23b. DATE

6-21-1963

23c. NAME OF CEMETERY OR CREMATORY

RADER

23d. LOCATION (City, town, or county)

WEBSTER CO MO

24. FUNERAL DIRECTOR

BARBER-EDWARDS. MARSHFIELD

ADDRESS

25. DATE RECD. BY LOCAL REG.

6/22/63

26. REGISTRAR'S SIGNATURE

Francis

(Licensed Embalmer's Statement on Reverse Side)

3961 8

JUL 1961

1150  
1150

1  
5  
0  
5

9-09

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_ Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed George Stapp

Licensed Embalmer No. 3461

P. O. Address MT. Grove, MD

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.